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UTILITY PATENT APPLICATION TRANSMITTAL

(for nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No.

TLAB.100294

Express Mail No.

EV 141463703 US

TO: Mail Stop Patent Application
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Inventor(s): James Hunter Boone; David Maxwell Lyerly; and
Tracy Dale Wilkins

Title: METHOD FOR DISTINGUISHING ULCERATIVE
COLITIS FROM CROHN'S DISEASE BY DETECTING
THE PRESENCE OF FECAL ANTI-NEUTROPHIL
CYTOPLASMIC ANTIBODIES (ANCA)

PLEASE ASSOCIATE APPLICATION WITH

CUSTOMER NO. 05251

Enclosed are:

<input type="checkbox"/>	Non-Publication Request Under 35 U.S.C. § 122(b)(2)(B)(i)				
20	pages of specification including abstract				
1	sheet(s) of drawings				
<input type="checkbox"/>	an assignment of the invention to:				
<input checked="" type="checkbox"/>	Declaration of Inventor(s): Unexecuted	<input type="checkbox"/>	Newly executed	<input type="checkbox"/>	Copied from a prior application (for contin/div)
<input type="checkbox"/>	Incorporation by Reference: the entire disclosure of the prior application, from which the copy or copies of the oath or declaration is supplied, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.				
<input checked="" type="checkbox"/>	small entity status is claimed.				
<input type="checkbox"/>	small entity status was requested in prior application; status still proper and desired.				
<input checked="" type="checkbox"/>	Benefit is claimed under 35 U.S.C. 119(e) of U.S. Provisional Application No. 60/408,809, filed September 5, 2002				

If a Continuing Application: Check appropriate box, and supply the requisite information below:

<input type="checkbox"/> Continuation	<input type="checkbox"/> Divisional	<input type="checkbox"/> Continuation-in-Part (CIP)	of prior application no.
Prior application information:		Examiner:	Group Art Unit:

CLAIMS AS FILED

	NUMBER FILED	NUMBER EXTRA	RATE	FEE
BASIC FEE			\$ 750	\$ 750.00
TOTAL CLAIMS	25 - 20 =	5	5 \$ 18	\$ 90.00
INDEPENDENT CLAIMS	4 - 3 =	1	1 \$ 84	\$ 84.00
MULTIPLE DEPENDENT CLAIM PRESENT			\$ 280	\$
* Number extra must be zero or larger			TOTAL	\$ 924.00
	If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.			SMALL ENTITY TOTAL
				TOTAL DUE \$ 462.00

- A check in the amount of \$ 462.00 to cover the filing fee is enclosed.
 Commissioner is hereby authorized to charge/credit Deposit Acct. No. 19-2112 as described below. Enclosed is a duplicate of this sheet.

<input type="checkbox"/>	Charge the amount of \$ _____ as filing fee.
<input checked="" type="checkbox"/>	Credit any overpayment.
<input checked="" type="checkbox"/>	Charge any additional filing fees required under 37 CFR 1.16 and 1.17.

Jean Dickman
Signature

9/5/03
Date

Name: Jean M. Dickman, Reg. No.: 51,258